

**Colorado WIC Breastfeeding Peer Counselor (BFPC) Program
Local Agency BFPC Program Summary Form
Submit by December 1st**

Information provided in this report reflects your agency's program during the previous Federal Fiscal Year (Oct 1st - September 30th).

Agency:

Name of Clinic(s) with Peer Counselors:

Name of BFPC Coordinator - (when establishing FTE% - base this off of time devoted to this specific role)	Start Date thru End Date	IBCLC	CLC	LMS	FTE% with BFPC Program	Job Description *Attach if differs from CO Program Manual → mark (x) if attached	Hours/Week (average)	Caseload/Month (approximate)
Name of Peer Counselors - (indicate if Spanish speaking) - when establishing FTE% - base this off of time devoted to this specific role								

Program Staffing

1. During the last year how many peer counselors have you had to lay off?
2. During the last year how many peer counselors have you hired? Was this due to turnover? Please explain.
3. Are any of the peer counselors bilingual? ___Yes ___No If so, how many and what languages?

	Spanish	Number of Peers:	
	Somali	Number of Peers:	
	Other (describe_____)	Number of Peers:	

4. Please select with an "X" the settings where the peer counselors work.

	Scheduled Office Time: _____Hours/week
	Work at Home
	Home Visits
	Support Groups
	Hospital Visits
	Assist with WIC Prenatal Classes
	Other (please describe):

Fiscal -

1. Is your Breastfeeding Peer Counselor program funding supplemented with Local Agency WIC funds? ___Yes ___No
 - a. If "Yes", how much was supplemented for the previous Federal Fiscal Year (Oct 1st - September 30th)? _____
2. Is your program funding supplemented with funds from your local public health agency? ___Yes ___No
 - a. If "Yes", how much was supplemented for the previous Federal Fiscal Year (Oct 1st - September 30th)? _____
3. If the peer counselor works in dual roles are salary and fringe benefits based on the actual number of hours worked? ___Yes ___No
 - a. If "no", do you need assistance on billing and documentation ___Yes ___No

Supervision and Management

1. *Do you have adequate supervision of peer counselors by staff with advanced lactation training? (defined as having at least .25 FTE BFPC Coordinator for every 5 peer counselors) ____Yes ____No
 - a. If “no” please describe:
2. *Do you routinely monitor the work of peer counselors through spot checks, chart reviews or contact forms? ____Yes ____No
3. *Do you schedule routine meetings to discuss case studies with your peer counselors? ____Yes ____No
4. How do you verify the hours a peer counselor works?
5. How does your agency keep the peer counselors informed of what is happening in the WIC clinic and the WIC clinic staff aware of what is happening with the BFPC program?

Orientation and Training

1. Do peer counselors sign a statement of confidentiality? ____Yes ____No
2. Please select with an “X” from the following list the ways your agency orients peer counselors to the WIC Program:

<input type="checkbox"/>	Uses the USDA Loving Support training platform and other materials
<input type="checkbox"/>	Completes the Colorado WIC Certification Level II Basic Nutrition and Breastfeeding Modules
<input type="checkbox"/>	Completes Colorado WIC Certification Level III Participant Centered Education Online Course and Post-Test • Introduction Module and Modules 1 - 9
<input type="checkbox"/>	*Completes 40 hours shadowing WIC Staff
<input type="checkbox"/>	Completes training and orientation to Local Agency Policy and Procedure
<input type="checkbox"/>	Completes annual civil rights training with other WIC Staff
<input type="checkbox"/>	*Observes an IBCLC or CLC with at least 3 mother/baby pairs
<input type="checkbox"/>	Uses www.breastfeedingpartners.org
<input type="checkbox"/>	Observes or works with peer counselors in other local agencies. Please describe:

3. *Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation? ____Yes ____No
4. How are new WIC staff (i.e.: Educators, High Risk Counselors (RD/RN's) oriented to the BFPC program?

Local Agency Breastfeeding Peer Counseling Program

1. *Do you have a process/protocol in place for WIC staff to refer WIC participants to peer counselors as part of your usual WIC certification assessment and nutrition education process? ☐ Yes ☐ No
 - If “yes”, please describe:
2. *Are peer counselors available outside clinic hours? ☐ Yes ☐ No
 - If “no”, please describe:
3. *Do you have a written protocol that describes how peer counselors address a mother’s concerns and needs outside of usual clinic hours, including how peer counselors make after-hour referrals? ☐ Yes ☐ No
 - If “yes”, please describe :
4. *Do you have a written protocol which lists breastfeeding concerns and conditions that are outside the scope of practice of the peer counselor and where the peer counselor should “yield” to the WIC BFPC Coordinator, High Risk Counselor, &/or healthcare provider? ☐ Yes ☐ No
 - a. If “yes”, please describe:
5. Do BFPC’s and BFPCs (LMS, CLC, or IBCLCs) perform their duties within the scope of practice outlined in the Colorado WIC Program Manual? ☐ Yes ☐ No
 - a. If “no”, please describe:
6. Do the peer counselors follow Colorado WIC’s Breastfeeding Peer Counselor cell phone and texting policy outlined in the Colorado WIC Program Manual (if applicable)? ☐ Yes ☐ No
7. *Do peer counselors routinely contact mothers, at a minimum, **monthly** during pregnancy and **weekly** 2 weeks prior to a woman’s expected delivery date? ☐ Yes ☐ No
 - If “no”, please describe your programs contact recommendations during pregnancy:
8. *Do peer counselors routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery **and** within 24 hours if the mother reports problems with breastfeeding **and** weekly throughout the first month? ☐ Yes ☐ No
 - If “no”, please describe your programs contact recommendations after delivery:
9. *Do peer counselors routinely contact mothers after a woman’s first month postpartum, at a minimum, monthly, as long as things are going well? ☐ Yes ☐ No
 - If “no”, please describe your programs contact recommendations after the first month postpartum:

10. *Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, 1-2 weeks before the mother plans to return to work or school **and** 1-2 days after she returns to work or school? ___Yes ___No

- If "no", please describe your programs contact recommendations after a mother returns to work or school:

11. Are the peer counseling contacts documented in Compass? ___Yes ___No

- If "no", please describe:

12. Are the peer counselors assignment and caseload tracked in Compass? ___Yes ___No

- If "no", please describe:

13. Average Monthly Contacts

- Run the Compass *BFPC Contacts Summary* report for Fiscal Year 2016 (10/1/15 - 9/30/16).
- In the table below, enter the average monthly contacts for the following categories: *Telephone Support, Clinic Visit, Peer Support Group, Home Visit, and Hospital Visit*. (i.e.: Telephone Contacts = 500; 500 contacts ÷ 12 months = 41.6)

**Note: Do not include No Answer, Mailings, Other, Prenatal and Postpartum as they are not considered contacts.*

Telephone Support	Clinic Visit	Peer Support Group	Home Visit	Hospital Visit

14. WIC Participation by Category

- Run the Compass *Participation with Benefits* report for September 2016.
- In the table below, enter the participant count for the following categories: *Pregnant, Fully BF, Part BF with Food Benefits, Part BF no Food Benefits*.

Pregnant	Fully BF	Part BF with BF	Part BF no FB

Local WIC Agency Breastfeeding Support

1. *Does your local agency have a supportive clinic environment for breastfeeding that visibly endorses breastfeeding as the preferred method of infant feeding?
___Yes ___No
2. *Does your local agency have policies that support a clinic environment where participants feel comfortable breastfeeding? ___Yes ___No
3. *Do you have policies and procedures that encourage and support exclusive breastfeeding among prenatal and postpartum WIC participants? ___Yes ___No
4. *Does your local agency provide ongoing continuing education on breastfeeding for all staff through regularly scheduled staff trainings and other educational opportunities? ___Yes ___No
5. *Do you have policies and procedures that require staff to assess, and individually tailor food packages to all breastfeeding dyads when infant formula is requested? ___Yes ___No
6. *Does new clinic staff orientation include breastfeeding policies and procedures especially related to supporting exclusive breastfeeding? ___Yes ___No
7. *Do you have policies that ensure all participant breastfeeding concerns are addressed according to established time frames? ___Yes ___No

Community Partnerships

1. *Describe gaps in breastfeeding support that have been identified in your community:
2. *Describe how your local agency is building a breastfeeding network support in your community?
3. Does the BFPC Program collaborate with local hospitals? ___Yes ___No
a. If “Yes”, please describe the collaboration.
4. Does your area have a Breastfeeding Coalition? ___Yes ___No
5. Do you need assistance building breastfeeding support networks with local resources? ___Yes ___No

Evaluation/Program Areas to Build

1. Describe areas in the agency's BFPC Program that have been identified as areas to strengthen:
2. How do you plan to strengthen or build these areas?
3. What additional assistance do you need from the State WIC Office?

State Staff Use

Quality Points:

Recommendations: